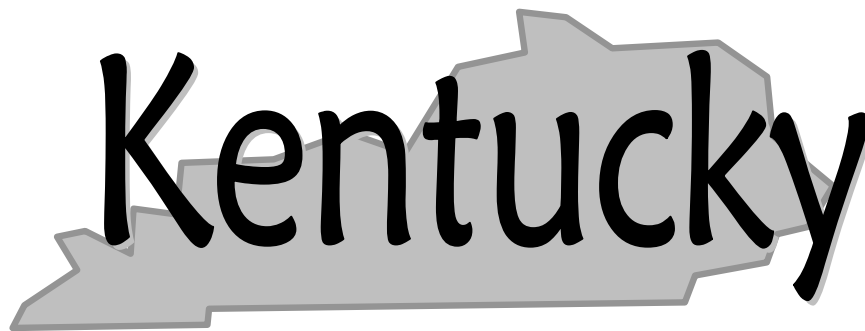


# **2010 ANNUAL SURVEY OF MEGAVOLTAGE RADIATION SERVICES**



**January 1, 2010 - December 31, 2010**

**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF HEALTH POLICY  
275 EAST MAIN STREET 4 W-E  
FRANKFORT, KY 40621**

*Completion required by 902 KAR 20:008, (rev 10-15-03) and 900 KAR 6:125*

# 2010 ANNUAL SURVEY OF MEGAVOLTAGE RADIATION SERVICES

## PREFACE

*It has come to our attention that reporting errors with respect to the performance of megavoltage radiation therapy services in Kentucky were made in prior years. This appears to have been the result of several factors including: confusion surrounding what constitutes a reportable "procedure;" the introduction of new treatment planning systems; advances in technology associated with the delivery and recording of clinical data; and/or personnel changes at several Kentucky facilities at which such services are provided. While such mistakes were unintended, it is imperative that the utilization figures produced and relied on by the Office of Health Policy be complete and accurate. This is especially true in light of the recent modifications to the review criteria contained in the State Health Plan regarding the establishment of megavoltage radiation therapy services.*

*Consequently, we remind you that for purposes of the Service Report you will complete for the period of January 1, 2010 through December 31, 2010, that a "procedure" was defined as "radiation treatment of a single anatomical site." Please note that this is different from recording the number of fields involved and/or the number of patients treated.*

## **2010 ANNUAL SURVEY OF MEGAVOLTAGE RADIATION SERVICES**

### **INTRODUCTION**

The Annual Megavoltage Radiation Services (Linear Accelerator) survey is now required to be completed and submitted via the internet if you are a hospital based facility. Free standing and mobile facilities not located in a hospital should now also complete the annual survey via the internet at the following site: **<https://apps.chfs.ky.gov/OHPSurvey/Default.aspx>**.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. All surveys must be received timely. Surveys are due by March 15, 2011. Any survey extension dates must be approved by the Office of Health Policy.

You are responsible for the accuracy of the data reported in this survey. Please double check all data are correct, complete and submitted timely. Failure to do so will result in the Office of the Inspector General being notified of a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Beth Morris of the Office of Health Policy at (502) 564-9592 Ext: 3954 or email [betha.morris@ky.gov](mailto:betha.morris@ky.gov). Fax number is (502) 564-0302.

### **REPORTING PERIOD**

- Report data for the annual period, **January 1 through December 31, 2010.**

**2010 ANNUAL SURVEY OF  
MEGAVOLTAGE RADIATION SERVICES**

**LINEAR ACCELERATOR SERVICES SECTION**

**Megavoltage Radiation Therapy Definitions:**

**Procedure** – the radiation treatment of a single anatomical site. Note that an anatomical site is different from recording the number of fields involved and/or the number of patients.

**Simulation** – defines location and length/width of field on patient for treatment.

**Total Hours of Radiation** - total actual hours devoted to patients in treatments and simulations; will be used to compute “patient visit equivalents.

Facility License Number \_\_\_\_\_

County of Facility \_\_\_\_\_

If less than twelve (12) months of operation, give beginning and ending date(s) in 2010 \_\_\_\_\_

**Total Linear Accelerator Procedures:** \_\_\_\_\_

**Total Linear Accelerator Simulations:** \_\_\_\_\_

**If service was provided by a mobile service give name of provider:**

\_\_\_\_\_

Total number of hours per week machine was operational: \_\_\_\_\_

Check Service Type with an (F) or (H): Freestanding \_\_\_\_ Hospital \_\_\_\_

Number of **devices** stationed on site: \_\_\_\_\_

**2010 ANNUAL SURVEY OF  
MEGAVOLTAGE RADIATION SERVICES**

**CERTIFICATION OF DATA**

On behalf of the administration of «Name of Facility», I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the activities required under 902 KAR 20:008 and 900 KAR 6:125.

Signed\_\_\_\_\_

Date\_\_\_\_\_

Title\_\_\_\_\_

Phone\_\_\_\_\_ Email Address\_\_\_\_\_

**SPECIAL NOTE:** Policies regarding data submission and changes to data can be reviewed on the OHP web site: <http://chfs.ky.gov/ohp/dhphpd/dataresgal.htm>. By signing you are certifying this data is correct. The Megavoltage survey is required to be submitted via the internet at <https://apps.chfs.ky.gov/OHPSurvey/>. Paper copies of the survey are no longer accepted.

**NOTICE:** Please review the data entered on this survey. Check that all questions have been answered accurately and in full. If any part of this survey is not clear to you, please call the Office of Health Policy at (502) 564-9592 or email [betha.morris@ky.gov](mailto:betha.morris@ky.gov) before submitting data. Once data has been received, edited, and published by this office, no changes will be made to the published report.